

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	10/19/99
O.I.P.E. CLASSIFIER		2	10/25/99
FORMALITY REVIEW		69055	11-2-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral) Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/4/98
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Claim	Date
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If more than 150 claims or 10 actions  
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